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**State:** Illinois **Filing Company:** Pharmacists Mutual Insurance Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice  
**Product Name:** Dentist Professional Liability  
**Project Name/Number:** /IL-DEN-03-13-RR

## Filing at a Glance

Company: Pharmacists Mutual Insurance Company  
Product Name: Dentist Professional Liability  
State: Illinois  
TOI: 11.2 Med Mal-Claims Made Only  
Sub-TOI: 11.2006 Dentists - General Practice  
Filing Type: Rate/Rule  
Date Submitted: 02/01/2013  
SERFF Tr Num: PHAR-128854930  
SERFF Status: Closed-Filed  
State Tr Num: PHAR-128854930  
State Status:  
Co Tr Num: IL-DEN-03-13-RR  
  
Effective Date: 03/01/2013  
Requested (New):  
Effective Date:  
Requested (Renewal):  
Author(s): Heidi Allen, Jen Swift, Jocelyn Whitaker  
Reviewer(s): Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean  
Disposition Date: 07/05/2013  
Disposition Status: Filed  
Effective Date (New): 03/01/2013  
Effective Date (Renewal): 03/01/2013  
  
State Filing Description:  
ROUTED 2/14/13

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**State:** Illinois **Filing Company:** Pharmacists Mutual Insurance Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice  
**Product Name:** Dentist Professional Liability  
**Project Name/Number:** /IL-DEN-03-13-RR

## General Information

Project Name: Status of Filing in Domicile: Authorized  
Project Number: IL-DEN-03-13-RR Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 07/05/2013  
State Status Changed: Deemer Date:  
Created By: Jocelyn Whitaker Submitted By: Jocelyn Whitaker  
Corresponding Filing Tracking Number: IL-DEN-03-13-F

Filing Description:  
Introducing new Dentist Professional Liability Program.

## Company and Contact

### Filing Contact Information

Jocelyn Whitaker, [jocelyn.whitaker@phmic.com](mailto:jocelyn.whitaker@phmic.com)  
PO Box 370 800-247-5930 [Phone]  
Algona, IA 50511

### Filing Company Information

Pharmacists Mutual Insurance Company	CoCode: 13714	State of Domicile: Iowa
808 Highway 18 West	Group Code: 775	Company Type: Mutual
P.O. Box 370	Group Name: PMC	State ID Number:
Algona, IA 50511	FEIN Number: 42-0223390	
(800) 247-5930 ext. [Phone]		

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

## State Specific

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<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
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Refer to our checklists prior to submitting filing ([http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)):  
check

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: check

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp) .: check

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: check

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": check  
When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: check

<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	07/05/2013	07/05/2013

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Caryn Carmean	04/24/2013	04/24/2013
Pending Industry Response	Gayle Neuman	02/13/2013	02/13/2013
Pending Industry Response	Gayle Neuman	02/05/2013	02/05/2013

### Response Letters

Responded By	Created On	Date Submitted
Jocelyn Whitaker	04/25/2013	04/25/2013
Jocelyn Whitaker	02/13/2013	02/13/2013
Jocelyn Whitaker	02/12/2013	02/12/2013

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	In response to IL objection	Jocelyn Whitaker	04/25/2013	04/25/2013
Rate	Dentist Supplement	Jocelyn Whitaker	02/12/2013	02/12/2013

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
effective date	Note To Filer	Gayle Neuman	07/05/2013	07/05/2013
effective date	Note To Filer	Gayle Neuman	06/13/2013	06/13/2013
status	Note To Filer	Gayle Neuman	03/18/2013	03/18/2013

<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
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<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

## Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Disposition of Dentist Professional Liability filing	Note To Reviewer	Jocelyn Whitaker	03/18/2013	03/18/2013
objection issue	Note To Filer	Gayle Neuman	02/14/2013	02/14/2013
Actuarial Review	Reviewer Note	Caryn Carmean	06/13/2013	

<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

## Disposition

Disposition Date: 07/05/2013  
Effective Date (New): 03/01/2013  
Effective Date (Renewal): 03/01/2013  
Status: Filed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Actuarial Support		No
Supporting Document	In response to IL objection		Yes
Rate	Dental Manual		Yes
Rate	Dental Rates		Yes
Rate	Dentist Supplement		Yes

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**State:** Illinois **Filing Company:** Pharmacists Mutual Insurance Company  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/24/2013
Submitted Date	04/24/2013
Respond By Date	05/02/2014

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Dear Jocelyn Whitaker,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Rule 8.2 Group Discount: Provide more explicit information in the rule detailing how the discount is applied.*

*Rule 8.5 Claims Experience Credit/Debit: Provide more explicit information in the rule detailing how the discount is applied.*

*Typically, for experience rating the manual outlines the formula to be used for experience rating and how the variable, such as expected loss ratio, are derived.*

*Thank you Caryn Carmean (217) 524-5420*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Caryn Carmean*

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**State:** Illinois **Filing Company:** Pharmacists Mutual Insurance Company  
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**Project Name/Number:** /IL-DEN-03-13-RR

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	02/13/2013
Submitted Date	02/13/2013
Respond By Date	02/20/2013

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Dear Jocelyn Whitaker,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*You need to replace the dental manual on the Rate/Rule Schedule to include the changes made. As it is now, you just have two versions of the 9.2 section.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*



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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	02/05/2013
Submitted Date	02/05/2013
Respond By Date	02/12/2013

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Dear Jocelyn Whitaker,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

- 1. The extended reporting period (tail) coverage premium must be priced as a factor of one of the following: (1) the last twelve months premium; (2) the premium in effect at policy issuance; or (3) the expiring annual premium. I am not positive what the "preceding annual policy premium" refers to. Please clarify in the manual.*
- 2. After the premium is paid, the extended reporting period may not be cancelled for any reason.*
- 3. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

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**State:** Illinois **Filing Company:** Pharmacists Mutual Insurance Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice  
**Product Name:** Dentist Professional Liability  
**Project Name/Number:** /IL-DEN-03-13-RR

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/25/2013
Submitted Date	04/25/2013

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Dear Gayle Neuman,

**Introduction:**

Thank you for your attention to the filing for our new Dentist Professional Liability Program.

**Response 1**

**Comments:**

In response to your concerns on the application of discounts in rules 8.2 and 8.5, I have created an ammendment adding our manual rating worksheet to the supporting documentation.

In answer to how the experience rating is calculated, this is clearly stated on our rate page. This discount is not based upon an expected loss ratio, but a simple claim count. (see rate page Rule 8.5)

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Please let us know if we have not addressed your concerns regarding our filing. Thank you for your consideration.

Sincerely,

Jocelyn Whitaker

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**State:** Illinois **Filing Company:** Pharmacists Mutual Insurance Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice  
**Product Name:** Dentist Professional Liability  
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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/13/2013
Submitted Date	02/13/2013

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Dear Gayle Neuman,

### **Introduction:**

### **Response 1**

#### **Comments:**

We are somewhat confused by your response. The manual being filed is our countrywide manual for this program. The supplement being filed is IL specific and states that we are withdrawing rule 9.2 from our CW manual and replacing it with this supplemental page applicable to IL only. This is the way we have always addressed state-specific requests for manual changes. Are you saying that the state of Illinois does not accept manual exceptions through state-specific supplement pages?

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Conclusion:**

Please reconsider this issue and advise on how to proceed. We have never filed an entire state-specific manual. If this is what you are asking, I will need to confer with others on how to proceed in your state. Thank you for your attention regarding this matter. I look forward to your response.

Sincerely,

Jocelyn Whitaker

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**State:** Illinois **Filing Company:** Pharmacists Mutual Insurance Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice  
**Product Name:** Dentist Professional Liability  
**Project Name/Number:** /IL-DEN-03-13-RR

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/12/2013
Submitted Date	02/12/2013

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Dear Gayle Neuman,

**Introduction:**

Thank you for your response to the filing for our new Dentist Professional Liability Program.

**Response 1**

**Comments:**

(1&2) We have submitted an amendment for a supplement to address your concerns regarding the extended reporting period coverage in rule 9.2. We have clarified the definition of "annual premium" and removed the clause to cancel the extended reported period coverage in the case of fraud.

(3) Statistics for this program will be gathered and submitted. Our statistical agency is AAIS for all lines in Illinois.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Please let us know if you have any further questions regarding this filing. Thank you for your attention.

Sincerely,

Jocelyn Whitaker

<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

## Amendment Letter

Submitted Date: 04/25/2013

Comments:

Per your request for a clearer explanation of the application of discounts in rules 8.2 and 8.5 we are adding our manual rating worksheet to the supporting documentation.

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

Supporting Document Schedule Item Changes	
Satisfied - Item:	In response to IL objection
Comments:	
Attachment(s):	Manual Rating--TEMPLATE-Rating Page 4-2-2012.pdf

<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

## Amendment Letter

Submitted Date: 02/12/2013

Comments:

Filing supplement in response to state's objection. Clarified definition of "annual premium" and removed clause to cancel extended reporting period in the case of fraud.

Changed Items:

*No Form Schedule Items Changed.*

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	Dentist Supplement	Rule 9.2	New		02/12/2013 By:

*No Supporting Documents Changed.*

<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

## Note To Filer

**Created By:**

Gayle Neuman on 07/05/2013 07:38 AM

**Last Edited By:**

Gayle Neuman

## Submitted On:

07/05/2013 07:39 AM

**Subject:**

effective date

**Comments:**

Because I have had no response to my 6/13/13 Note To Filer, I will make the filing effective March 1, 2013.

<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

## Note To Filer

**Created By:**

Gayle Neuman on 06/13/2013 08:38 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

07/05/2013 07:39 AM

**Subject:**

effective date

**Comments:**

The Department of Insurance has completed its review of this filing. Originally, Pharmacists Mutual requested the filing be effective March 1, 2013. Was the filing put in effect on March 1, 2013 or do you wish to have a different effective date? Your prompt response is appreciated.



<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

## Note To Filer

**Created By:**

Gayle Neuman on 03/18/2013 10:30 AM

**Last Edited By:**

Gayle Neuman

## Submitted On:

07/05/2013 07:39 AM

**Subject:**

status

**Comments:**

The filing was forwarded to our Actuarial Unit for review in February.

<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

## Note To Reviewer

**Created By:**

Jocelyn Whitaker on 03/18/2013 09:03 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

07/05/2013 07:39 AM

**Subject:**

Disposition of Dentist Professional Liability filing

**Comments:**

Good morning. We were wondering if you could tell us where we are in the reviewal process for the filing of our new Dentist Professional Liability program in your state. We are well past our originally proposed effective date for this filing and have not seen any correspondence since mid-February.

Please notify me if there is anything further you need from us to expedite the disposition of this filing. Thank you for your attention.

<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

## Note To Filer

**Created By:**

Gayle Neuman on 02/14/2013 07:52 AM

**Last Edited By:**

Gayle Neuman

## Submitted On:

07/05/2013 07:39 AM

**Subject:**

objection issue

**Comments:**

I now realize you put Illinois on the page with the changes - like an endorsement changes a policy. Therefore, disregard the last objection issue - it can be filed as it is now.

<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

## Reviewer Note

**Created By:**

Caryn Carmean on 06/13/2013 08:08 AM

**Last Edited By:**

Gayle Neuman

## Submitted On:

07/05/2013 07:39 AM

**Subject:**

## Actuarial Review

**Comments:**

Completed

State:	Illinois	Filing Company:	Pharmacists Mutual Insurance Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
Product Name:	Dentist Professional Liability		
Project Name/Number:	/IL-DEN-03-13-RR		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Dental Manual		New		Dentist Professional Liability Program Manual 05 12.pdf
2		Dental Rates		New		Dentist Professional Liability Program Rates - IL 03 13.pdf
3		Dentist Supplement	Rule 9.2	New		IL DEN Supplement Page 03-13.pdf

# PHARMACISTS MUTUAL INSURANCE COMPANY

## Dentist Professional Liability Program

### COUNTRYWIDE

## RULES

### RULE 1 -- PROGRAM DESCRIPTION

#### 1.1 Policy Coverage

Coverage available under the Dentist Professional Liability Insurance Policy includes Dentist Professional Liability and the additional Supplementary Payments coverages listed below and within the specific policy forms and endorsements. The Limits of Liability for the Supplementary Payments coverages may not be increased under this program.

Coverage	Limit - options
Professional Liability – includes Dental Treatment and Peer Review Services	Based on Insureds Choice of Limit – refer to Rule 1.3
Supplementary Payments	Limits
Medical Expenses	\$5,000 Each Patient \$10,000 Each Insured
Administrative Disciplinary Action	\$50,000 Each Individual Insured
Sexual Misconduct or Physical Abuse	\$50,000 Each Insured
HIPAA Claim	\$50,000 Each Insured

#### 1.2 Policy Forms and Claims Made Step Factors

The forms used to provide coverage are described below.

##### 1.2.1 PM 970, Dentist Professional Liability Coverage (Claims-Made Form)

Form PM 970 provides coverage on a claims-made basis.

##### 1.2.2 Determine the Claims Made Year as follows:

- Determine the number of whole years between the Retroactive Date and the Policy Effective Date. Ignore any fraction of a year.
- Add 1.0 to the number of years determined in step a.

Example:      Retroactive Date                      4/1/2008  
                 Policy Effective Date                7/1/2012  
                 Number of Whole years                4  
                 (ignore the 0.25 year between 4/1/2012 and 7/1/2012)  
                 Claim Made Year = 5

# PHARMACISTS MUTUAL INSURANCE COMPANY

## Dentist Professional Liability Program

### COUNTRYWIDE

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#### 1.3 Policy Limits

##### 1.3.1 Dentist Professional Liability Limits

The rating information shown in this manual reflects the following limits of insurance.

Per Claim/Annual Aggregate

\$ 500,000 / \$1,500,000 aggregate

\$1,000,000 / \$3,000,000 aggregate

\$2,000,000 / \$4,000,000 aggregate

\$3,000,000 / \$5,000,000 aggregate

Show the Limits on the declarations page.

#### RULE 2 – POLICY WRITING INSTRUCTIONS

##### 2.1 Policy Term

###### 2.1.1 Annual

Annual rating information is shown in the rating information section of this manual.

###### 2.1.2 Less Than One Year

A policy can be written for a term of less than one year. Prorate the annual rating information to determine the premium.

##### 2.2 Cancellation

Policies canceled by either the insured or the Company must be canceled in accordance with the terms of the cancellation provisions that apply. The return premium, if any, is computed on a pro rata basis.

##### 2.3 Policy Changes

Changes can be made to the policy after inception.

###### 2.3.1 Change in Practice Status – full-time to part-time or part-time to full-time

Calculate premium for each category on a pro-rated basis

###### 2.3.2 Change in Limit Profile

Changes in Limit profiles require a 60-day waiting period.

###### 2.3.3 Additional Premium Changes

Use the rules and rating information in effect on the policy effective date when calculating the additional premium. If changes are made after the anniversary date of the policy, use the rules and rating information in effect on the anniversary date.

Calculate additional premium on a pro rata basis.

If the additional premium that occurs as a result of a change is \$5.00 or less, the additional premium will be waived.

# PHARMACISTS MUTUAL INSURANCE COMPANY

## Dentist Professional Liability Program

### COUNTRYWIDE

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#### 2.3.4 Return Premium Changes

Calculate all return premium using the rating information that was in effect when coverage was issued.

Calculate return premium on a pro rata basis when a limit is reduced or an exposure is eliminated.

If the return premium that occurs as a result of a change is \$5.00 or less, the return premium will be waived. However, return premium will be refunded at the insured's request.

#### 2.4 Whole Dollar Rule

If the application of any rating procedure applicable in accordance with the rating plan results in an amount that is not a whole dollar, each rate shall be adjusted as follows:

Any amount involving \$.50 or over shall be rounded to the next highest whole dollar amount.

Any amount involving \$.49 or less shall be rounded down to the next lowest whole dollar amount.

#### 2.5 Premium Installment Plans

Payment Option	Due Date	Service charge
Payment in Full	Policy eff date	No service charge
Tri-Annual	Policy eff date, 60 & 120 days	No service charge
Semi-Annual	Policy eff date & 180 days	\$5.00 on final installment
Quarterly	Policy eff date, 90, 180 & 270 days	\$5.00 on last 3 installments
EFT - monthly	Down payment of 1 month premium	\$1.00 per monthly withdrawal

#### 2.6 Return Check or Non-Sufficient Funds Fee

Any fees charged to Pharmacists Mutual for returned check or non-sufficient funds will be charged to the insured.

#### 2.7 Minimum Premium

If individual premium does not exceed the minimum premium as defined on the State Rate Page, the minimum premium will be charged for an annual period. The Minimum Premium is not applicable when the New Dentist Discount has been applied.



# PHARMACISTS MUTUAL INSURANCE COMPANY

## Dentist Professional Liability Program

### COUNTRYWIDE

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#### **RULE 3 – DENTAL PRACTITIONER CLASSIFICATIONS**

**Class 1** – General dentist or specialists in Orthodontic, Pediatric Dentistry, Periodontics, Prosthodontics and Endodontics with procedures that do NOT include the administration of a general anesthetic intended to cause unconsciousness unless administered in a hospital.

General dentists or specialists other than Oral Surgeons or Dental Anesthesiologists allowing (hosting) unconscious sedation outside of a hospital, but only if the sedation is administered by an Oral Surgeon, Dental or Medical Anesthesiologist or CRNA.

**Class 2** – Any dentist performing the procedures of partially impacted third molar extractions and Oral Pathology, or implants involving osseointegration, but only if the procedures do NOT include the administration of a general anesthetic intended to cause unconsciousness unless administered in a hospital.

**Class 3** – Any dentist performing the procedure of fully impacted third molar extractions.

**Class 4** – Specialist in Dental Anesthesiology

**Class 5** – Specialist in Oral and Maxillofacial Surgery

**Class 6** – Specialists in Pain Management and any dental specialist performing procedures not otherwise classified

#### **RULE 4 – ADDITIONAL CLASSIFICATIONS**

##### **4.1 Limited Clinical Practice**

Dentists that limit their clinical practice represent a more limited exposure and are eligible for coverage at a reduced rate as follows based upon their classification:

Part-time Dentists – Those dentists who work 20 hours or less per week.

Full-time Professor or Graduate Students – Those practitioners who are full time teachers or students at a state accredited university or dental college whose practice of dentistry is limited to that required as part of the teaching and clinical programs of the dental school.

##### **4.2 Locum Tenens**

Coverage for a dentist substituting for an insured dentist on a temporary basis to cover only professional services rendered on behalf of the insured dentist for a specified time period of up to 90 days will be provided for no additional premium charge. The substitute dentist will share the insured dentist's Limit of Liability

# PHARMACISTS MUTUAL INSURANCE COMPANY

## Dentist Professional Liability Program COUNTRYWIDE

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### 4.3 New Dentists/Students

A dentist that is new to the private practice of dentistry shall receive a premium credit for the first two years of private practice. A newly graduated dentist is defined as:

1. A dentist who has completed training from a domestic accredited university or dental college within the 12 previous months; or
2. A military dentist within six months of honorable discharge; or
3. A foreign graduate who has completed a four-year program from an accredited U.S. dental school within the 12 previous months;

and is joining a dental practice or starting a private practice and has not previously had Dental Professional Liability insurance. A student who has not yet graduated shall receive the same premium credit as a first year new dentist.

### 4.4 Disability / Leave of Absence

An insured dentist who becomes disabled or is on a leave of absence during the policy period may be eligible for restricted coverage at a reduced rate for the period of the disability or leave of absence. "Disability or leave of absence" is defined as an injury, disease, medical condition or continuing education sabbatical that prevents an insured dentist from engaging in the practice of dentistry, other than in an emergency situation. The insured must be on a leave of absence or disability for a minimum of 45 days to a maximum of 180 days in order to be considered for this rate reduction. The reduction will apply retroactively to the first day of the disability or leave of absence.

Attach endorsement PM 973 and identify the named insured and disability or leave of absence period.

## RULE 5 – PREMIUM DEVELOPMENT

### 5.1 Calculation of Premium

1. Apply the Claims Made Step Factor, Increased/Decreased Limit Factor and Class Factor to the Base Rate shown on the State Rate Pages.
2. Multiply the result of Step 1 by any Additional Classification Modifications (Rule 4) that apply.
3. If the "Waiver of Consent to Settle" option has been selected, apply the premium adjustment factor to the result of Step 2.
4. For each Additional Insured added to the policy, multiply the result of Step 3 by the Additional Insured factor, and add the result to the result of Step 3.
5. Multiply the result of Step 4 by all Premium Modifications (Rule 8) that apply.
6. Add the flat rate premium for Limited Medical Waste Expense Reimbursement Coverage and/or Medicare / Medicaid Billing Fraud Expense Reimbursement Coverage to the result of Step 5 if applicable.
7. If the New Dentist/Student Discount has been applied, the result of Step 6 is the final policy premium. If the New Dentist/Student Discount has NOT been applied, compare the result of Step 6 to the Minimum Premium; the final policy premium is the greater of the two.

# **PHARMACISTS MUTUAL INSURANCE COMPANY**

## **Dentist Professional Liability Program**

### **COUNTRYWIDE**

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#### **RULE 6 – COVERAGE OPTIONS**

##### **6.1 Additional Insured**

Dental Professional Liability Coverage can extend the insured's liability protection to other persons or entities, by listing the other persons or entities in the Policy Interest section of the declarations as an Additional Insured. Coverage is provided the additional insured for their liability arising out of the named insured's acts or omissions in the rendering or failure to render dental treatment.

An Additional Insured can be added to the policy for an additional premium charge.

Attach endorsement PM 972 and identify the additional insured.

##### **6.2 Limited Medical Waste Expense Reimbursement Coverage**

Optional coverage for Medical Waste Defense Expenses Reimbursement Coverage is available with limits of \$25,000 applicable to defense costs only.

Attach endorsement PM 974.

##### **6.3 Medicare / Medicaid Billing Fraud Defense Expense Reimbursement Coverage**

Optional coverage for Medicare / Medicaid Billing Fraud Defense Expense Reimbursement Coverage is available with limits of \$25,000 applicable to defense costs only.

Attach endorsement PM 975.

##### **6.4 Waiver of Consent to Settle**

A premium discount shall be applied when the insured has waived the consent provision of the Coverage Agreements. This modification cannot be added to a policy mid-term.

Attach endorsement PM 976 and identify the individual for separate limits or attach endorsement PM 977 for shared limits.

#### **RULE 7– EXCLUSIONS**

##### **7.1 NON-DENTAL COSMETIC PROCEDURE EXCLUSION**

The exclusion for non-dental cosmetic procedures is mandatory.

Attach endorsement PM 978.

##### **7.2 GENERAL ANESTHESIA EXCLUSION**

The exclusion for general anesthesia is mandatory for all Class 1 and 2 Dentists.

Attach endorsement PM 979.

# PHARMACISTS MUTUAL INSURANCE COMPANY

## Dentist Professional Liability Program

### COUNTRYWIDE

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#### **RULE 8 – PREMIUM MODIFICATIONS**

##### **8.1 Risk Management / Loss Prevention**

Any dentist that participates in a Company approved risk management or loss prevention program within the last three years will receive a 10% risk management credit.

##### **8.2 Group Discount**

A single group practice policy issued to two or more dentists is eligible for a premium discount based upon the total number of dentists within the group. This discount is based on the size of the group to reflect the lower acquisition costs, reduced administrative expenses (including billing and collection) and the potential savings due to lower losses.

##### **8.3 Organization / Entity Coverage**

Coverage can be provided for Dental Practitioner Group Partnerships, Corporations or Professional Associations for liability arising from the practice of dentistry by member dental providers and allied practitioners.

An additional charge will be added if a separate limit of liability is purchased.

If no entity coverage is provided, attach endorsement PM 986.

##### **8.4 Shared Limit Rule**

Coverage can be provided on a shared limit basis to dentists insured under the same policy. A premium reduction applies.

Attach endorsement PM 984.

##### **8.5 Claims Experience Credit/Debit**

Based on the claim history of an individual dentist over the preceding 3-year period, a credit or debit shall be applied to the dentist's rate. Credits/debits will be adjusted each year, dependent upon annual review of claims experience. Include:

1. All open claims reported during the 3-year period
2. All closed claims that were reported during the 3-year period unless closed with no indemnity and defense payments.

Claims reported to a previous insurer shall be included even if the claims occurred prior to the retroactive date of the policy being rated.

# PHARMACISTS MUTUAL INSURANCE COMPANY

## Dentist Professional Liability Program

### COUNTRYWIDE

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#### **RULE 9 – EXTENDED REPORTING PERIODS – Claims-Made Policy Only**

Extended reporting periods allow for the triggering of coverage for injuries that occur after the retroactive date and before the end of the policy period, but the claim is not made until after the policy's expiration.

##### **9.1 Automatic Extended Reporting Period**

The Automatic Extended Reporting Period lasts for 60 days with respect to claims that have not previously been reported to us.

The Extended Reporting Period is provided automatically for no additional premium.

No additional endorsement is required.

##### **9.2 Unlimited Extended Reporting Period**

The Unlimited Extended Reporting Period extends the time for reporting a claim after the policy terminates for an unlimited time period.

Coverage applies only to claims for injury which occurred after the Retroactive Date and before the end of the policy period, but that are first reported during the Extended Reporting Period.

A separate Aggregate Limit, equal to the Aggregate Limit shown on the declarations, applies to claims that are eligible for coverage under the Extended Reporting Period.

The additional premium for the Extended Reported Period is shown in the rating information section of this manual and is based on the preceding annual policy premium. This coverage option is provided at no additional charge for Death or Disability, or for Retirement if the insured is age 55 or older and has been continuously insured with PhMIC on a claims-made policy for at least 3 years.

Determine the premium for the extended reporting period by applying the applicable factor to the annual premium for the most recent year. Use the annual premium even if the policy cancels mid-term.

The endorsement cannot be issued until the premium is paid in full. Once issued, the endorsement cannot be cancelled or voided by the Company except in the case of fraud.

Attach endorsement:

PM 981 for separate limits for an individual insured, or

PM 982 for separate limits for an entity, or

PM 983 for shared limits,

and identify the extended reporting period and limit of liability.

# PHARMACISTS MUTUAL INSURANCE COMPANY

## Dentist Professional Liability Program

### ILLINOIS

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## RATES

#### 1.1 Policy Base Rate – per dentist

<u>Limit of Liability</u> <u>Per Claim/Annual Aggregate</u>	<u>Base Rates</u>
\$1,000,000 / \$3,000,000	Terr 1: \$1,528
	Terr 2: \$1,275

#### 1.2 Claims Made Step Factors

<u>Claims Made Year</u>	<u>Factor</u>
Year 1	.240
Year 2	.480
Year 3	.810
Year 4	.900
Year 5+	1.000

#### 1.3 Increased/Decreased Limit Factors

<u>Limit of Liability</u> <u>Per Claim/Annual Aggregate</u>	<u>Factor</u>
\$500,000 / \$1,500,000	0.940
\$1,000,000 / \$3,000,000	1.000
\$2,000,000 / \$4,000,000	1.115
\$3,000,000 / \$5,000,000	1.250

#### 2.7 Minimum Premium - \$200

#### 3.0 Class Factors

<u>Dental Practitioner Class</u>	<u>Factor</u>
Class 1	1.00
Class 2	1.25
Class 3	2.00
Class 4	3.33
Class 5	5.66
Class 6	6.12

#### 4.1 Limited Clinical Practice

	<u>Factor</u>
Part-time: < 20 hrs/week	.50
Faculty: full-time	.50
Graduate Student	.50

# PHARMACISTS MUTUAL INSURANCE COMPANY

## Dentist Professional Liability Program

### ILLINOIS

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#### 4.3 New Dentist / Student

	<u>Factor</u>
First Year	.50
Second Year	.75
Third+ Years	1.00

#### 4.4 Disability or Leave of Absence – applicable only to the pro-rated portion of the annual premium for the period of disability or leave.

<u>Factor</u>
.50

Example: Annual Premium = 1,500  
Disability for 90 days during policy term  
Pro Rata Portion of term =  $90/365 = 0.247$   
Premium Reduction =  $0.247 \times .50 \times 1,500 = 185$   
Revised Premium =  $1,500 - 185 = 1,315$

#### 6.1 Additional Insured – add 10% of the discounted dentist premium for each additional insured; minimum additional insured premium - \$25

#### 6.2 Limited Medical Waste Expense Reimbursement Coverage – No rating factor or coverage factor adjustments apply to this coverage

<u>Limit of Liability</u> <u>Annual Aggregate</u>	<u>Flat Rate</u>
\$25,000	\$ 50

#### 6.3 Medicare / Medicaid Billing Fraud Defense Expense Reimbursement Coverage - No rating factor or coverage factor adjustments apply to this coverage

<u>Limit of Liability</u> <u>Annual Aggregate</u>	<u>Flat Rate</u>
\$25,000	\$ 75

#### 6.4 Waiver of Consent to Settle

<u>Factor</u>
.90

#### 8.1 Risk Management / Loss Prevention

<u>Factor</u>
.90

# PHARMACISTS MUTUAL INSURANCE COMPANY

## Dentist Professional Liability Program

### ILLINOIS

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#### 8.2 Group Discount

<u>Group Size</u>	<u>Factor</u>
2 - 5 Dentists	.95
6 - 10 Dentists	.90
11 + Dentists	.85

#### 8.3 Organization / Entity Coverage – separate limits

<u>Factor</u>
1.10

#### 8.4 Shared Limit Rule

<u># Dentists Sharing Limits</u>	<u>Factor</u>
2	.95
3-5	.90
6+	.85

#### 8.5 Claim Free Credit / Debit Factors

<u>3 Year Experience Period</u>	<u>Factor</u>
0 claims	0.90
1 claims	1.00
2 claims	1.15
3 claims	1.50
4 or more claims	2.50

#### 9.2 Extended Reporting Period Coverage Factors

<u>Claims Made Year</u>	<u>Factor</u>
1 Year	0.800
2 Year	1.200
3 Year	1.450
4 or More Years	1.600

#### **Territories**

<u>Territory</u>	<u>IL Counties</u>
1	Cook
2	Remainder of state



**PHARMACISTS MUTUAL INSURANCE COMPANY**  
**DENTIST PROFESSIONAL LIABILITY PROGRAM**  
**ILLINOIS**

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**Rule 9.2 has been withdrawn and replaced by the following:**

**9.2 Unlimited Extended Reporting Period**

The Unlimited Extended Reporting Period extends the time for reporting a claim after the policy terminates for an unlimited time period.

Coverage applies only to claims for injury which occurred after the Retroactive Date and before the end of the policy period, but that are first reported during the Extended Reporting Period.

A separate Aggregate Limit, equal to the Aggregate Limit shown on the declarations, applies to claims that are eligible for coverage under the Extended Reporting Period.

The additional premium for the Extended Reported Period is shown in the rating information section of this manual and is based on the preceding annual policy premium. This coverage option is provided at no additional charge for Death or Disability, or for Retirement if the insured is age 55 or older and has been continuously insured with PhMIC on a claims-made policy for at least 3 years.

Determine the premium for the extended reporting period by applying the applicable factor to the expiring annual premium for the most recent year. Use the expiring annual premium even if the policy cancels mid-term.

The endorsement cannot be issued until the premium is paid in full.

Attach endorsement:

PM 981 for separate limits for an individual insured, or

PM 982 for separate limits for an entity, or

PM 983 for shared limits,

and identify the extended reporting period and limit of liability.

<b>SERFF Tracking #:</b>	PHAR-128854930	<b>State Tracking #:</b>	PHAR-128854930	<b>Company Tracking #:</b>	IL-DEN-03-13-RR
<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company		
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice				
<b>Product Name:</b>	Dentist Professional Liability				
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR				

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Explanatory Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	RR FILING MEMORANDUM.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Form RF3 - (Summary Sheet)
<b>Comments:</b>	
<b>Attachment(s):</b>	FilingRulesAttachment.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	IL Actuarial Certification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	See Rate/Rule schedule for full manual being filed.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Request to Maintain Data as Trade Secret Information
<b>Bypass Reason:</b>	Not filing a request to maintain data as a trade secret.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	In response to IL objection

<b>SERFF Tracking #:</b>	PHAR-128854930	<b>State Tracking #:</b>	PHAR-128854930	<b>Company Tracking #:</b>	IL-DEN-03-13-RR
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<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice		
<b>Product Name:</b>	Dentist Professional Liability		
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR		

<b>Comments:</b>	
<b>Attachment(s):</b>	Manual Rating--TEMPLATE-Rating Page 4-2-2012.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>SERFF Tracking #:</b>	PHAR-128854930	<b>State Tracking #:</b>	PHAR-128854930	<b>Company Tracking #:</b>	IL-DEN-03-13-RR
<hr/>					
<b>State:</b>	Illinois	<b>Filing Company:</b>	Pharmacists Mutual Insurance Company		
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2006 Dentists - General Practice				
<b>Product Name:</b>	Dentist Professional Liability				
<b>Project Name/Number:</b>	/IL-DEN-03-13-RR				

**Attachment FilingRulesAttachment.pdf could not be reproduced here for the following reason: No message found for pdf.header.not.found**



- Pharmacists Mutual Insurance Company
- Pharmacists Life Insurance Company
- Pro Advantage Services, Inc.

February 1, 2013

Division of Insurance

RE: PHARMACISTS MUTUAL INSURANCE COMPANY  
NAIC #13714 NAIC GROUP #0775 FEIN: 42-0223390  
Dentist Professional Liability Rate Filing IL-DEN-03-13-RR

To Whom It May Concern:

Pharmacists Mutual Insurance Company is introducing a new program for Dentists identified as Dentist Professional Liability Program. This program is designed to provide professional liability for the individual and if applicable the entity.

We have researched manuals and rates of several companies offering dentist professional liability coverage throughout the U.S. and have selected what appear to be standard rating factors for industry coverage options. Our program leans heavily on the program offered by Medical Protective, one of the largest dentist professional liability providers nationally. Our base rate in your state has been developed using premium and loss experience from Fortress Insurance Company's most recent rate revision, filing FORT-128083533.

With no dentist professional business in any state yet, we have relied on claim and LAE experience of Fortress, but have factored in our company's historical expense estimates based on our professional liability experience. Additionally, we have used our own estimates of average credit we anticipate applying to our policies. Exhibit Rate1 shows the development of our proposed base rate. Exhibit EXP1 includes company historical underwriting expense history for Annual Statement Line 11 – Med Mal as well as selected expenses for this new program. Exhibit EXP2 provides selection of fixed and variable expenses for this program. Results under our new dentist professional program will be carefully monitored and, when identified, appropriate modifications will be filed in the future.

We are requesting an effective date of March 1, 2013 for our new program.

If you have any questions, please contact me at any of the numbers listed below.

Best regards,

Jocelyn Whitaker  
Rate Analyst  
(800) 247-5930 (Ext. 7503)  
Jocelyn.Whitaker@phmic.com

## ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Derrick Shannon, a duly authorized officer of Pharmacists Mutual Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Derrick Shannon, a duly authorized actuary of Pharmacists Mutual Insurance Company am authorized to certify on behalf of Pharmacists Mutual Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.



Chief Actuary

02/01/2013

Signature and Title of Authorized Insurance Company Officer

Date



Chief Actuary –FCAS, MAAA, CPCU 02/01/2013

Signature, Title and Designation of Authorized Actuary

Date

Insurance Company FEIN 42-0223390 Filing Number PHAR-128854930

Insurer's Address 808 Hwy 18 W

City Algona State Iowa Zip Code 50511

Contact Person's:

-Name and E-mail Jocelyn Whitaker Jocelyn.whitaker@phmic.com

-Direct Telephone and Fax Number (515) 395-7503

**Dentist Professional Liability Manual Rating**

Policy # \_\_\_\_\_

 Round to 2 decimals throughout calculation;  
round to whole dollar for final premium

Location (Unit) # \_\_\_\_\_

Rating Step 1	State Base Rate-Rule 1.1		
Rating Step 1	Claims Made Step Factor-Rule 1.2 (Claims-Made Years = 1 + # of whole years between retro date and policy effective date)		
Rating Step 1	Inc/Dec Limit Factor-Rule 1.3	X	
Rating Step 1	Class Factor-Rule 3.0	X	
		=	
Rating Step 2	Limited Clinical Practice-Rule 4.1	X	
Rating Step 2	Years in Practice: New Dentist / Student-Rule 4.3	X	
		=	
Rating Step 2	Disability / Leave of Absence-Rule 4.4:		
Rating Step 2	Pro rata portion of term = # days/365	Factor	
Rating Step 2	Disability / Leave factor	X	
Rating Step 2		=	
Rating Step 2	Premium reduction for Disability/LOA	-	
		=	
Rating Step 3	Waiver of Consent To Settle Factor-Rule 6.4	X	
		=	
Rating Step 4	# Additional Insureds-Rule 6.1	#	
Rating Step 4	Additional Insured Factor	X	
Rating Step 4	Subtotal	=	
Rating Step 4	Compare AI premium to Minimum: Greater of calc or \$25 each		
		+	
		=	
Rating Step 5	Premium Modifications:		
Rating Step 5	Risk Management / Loss Prevention-Rule 8.1	X	
Rating Step 5	Group Discount (# of Dentists) -Rule 8.2	X	
	Subtotal		
Rating Step 5	Shared Limits -# of Dentists Sharing Limits-Rule 8.4	#	
Rating Step 5	Shared Limit Factor	X	
Rating Step 5	3-Year Claims Experience Factor-Rule 8.5	X	
	Subtotal		
Rating Step 5	Organization/Entity Separate Limits Rule 8.3		
	Note: this is only calculated on the ENTITY Rating Page		
	Unit 1 Total Premium		
	Unit 2 Total Premium	+	
	Unit 3 Total Premium	+	
	Unit 4 Total Premium	+	
	Total All Units		
	Entity Separate Limits Factor	X	0.10
	Entity Charge	=	
Rating Step 6	Limited Medical Waste Expense Reimbursement-Rule 6.2	+	
Rating Step 6	Medicare / Medicaid Billing Fraud Defense Expense Reimbursement-Rule 6.3	+	
	TOTAL		
Rating Step 7	If New Dentist / Student discount (see Rating Step 2) , this is final premium		
Rating Step 7	If no New Dentist / Student discount (see Rating Step 2), compare to minimum to determine final premium		
	ENTITY CHARGE IF UNIT IS ENTITY ONLY		

Extended Reporting Period-Rule 9.2:	
# of Claims-Made Years: (compare retro date to cancellation date)	
Claims Made Year Factor	
Annual Premium for most recent year	X
Extended Reporting Period Premium	=